

IPA ASSIGNEE COST DATA

NOTE: Eligibility requirement: Individual must be on institution's roles in a career position for 90 days prior to an intergovernmental assignment to a Federal agency.

1. Name of Proposed Assignee: _____

2. Institution's name to which grant should be awarded: _____

3. **Current Salary:** Please indicate if salary is paid on an annual or academic basis. Certified salary must be the actual salary paid by the institution (e.g., a 9-month academic salary paid over an 11 or 12 month period should be recorded as a 9-month salary). Do not include estimated salary increases.
SALARY MAY NOT BE ADJUSTED FOR THE PURPOSE OF THIS ASSIGNMENT.

Check one:

Annual Salary \$ _____

Academic Salary \$ _____

9 months 10 months

9.5 months 11 months

Other _____

4. Employer's Contribution to fringe benefits for 1 -year period (excluding indirect costs and administrative costs such as tuition remission, cost of negotiating assignment agreements and preparing payroll records and assignment reports):

_____ % OR \$ _____

IT IS EXPECTED THAT ASSIGNMENTS WILL BE MADE ON A SHARED COST BASIS OF AT LEAST 15% OF THE TOTAL COST OF SALARY AND FRINGE BENEFITS.

• WE AGREE TO COST SHARE 15% OR • WE AGREE TO COST SHARE _____ *

*If there is 0% cost share please provide a reason below.

Certifying Official's Signature

Date

Type or Print Name & Title

Area Code & Phone Number

Email address

Fax Number